

# DECLARATION

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **ANTIBODIES THAT MIMIC ACTIONS OF NEUROTROPHINS** the specification of which      is attached hereto or X was filed on December 3, 1993 as Application Serial No. 08/162,597 and was amended on      (if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as filed on December 3, 1993. It is my belief that my invention is adequately disclosed in, and I wish to rely on, the application as thus amended without Figure 4 and the references thereto in the specification, for purposes of an original disclosure and filing date. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign applications(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

## Prior Foreign Application(s)

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119
			Yes <u>    </u> No <u>    </u>
			Yes <u>    </u> No <u>    </u>

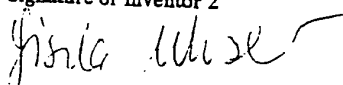
I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Date of Filing	Status
		<u>    </u> Patented <u>    </u> Pending <u>    </u> Abandoned
		<u>    </u> Patented <u>    </u> Pending <u>    </u> Abandoned

Full Name of Inventor 1	Last Name CLARY	First Name DOUGLAS	Middle Name or Initial O.	
Residence & Citizenship	City San Francisco	State/Foreign Country California	Country of Citizenship U.S.A.	
Post Office Address	Post Office Address 233 Liberty Street	City San Francisco	State/Country California	Zip Code 94114
Full Name of Inventor 2	Last Name WESKAMP	First Name GISELA	Middle Name or Initial	
Residence & Citizenship	City New York	State/Foreign Country New York	Country of Citizenship Germany	
Post Office Address	Post Office Address 402 E. 64th Street, Apt. 6B	City New York	State/Country New York	Zip Code 10021
Full Name of Inventor 3	Last Name AUSTIN	First Name LEEANN	Middle Name or Initial R.	
Residence & Citizenship	City San Francisco	State/Foreign Country California	Country of Citizenship U.S.A.	



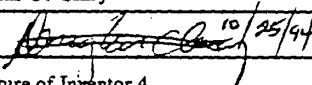
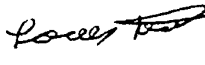
Post Office Address	Post Office Address 8231 Geary Blvd.	City San Francisco	State/Country California	Zip Code 94121
Full Name of Inventor 4	Last Name REICHARDT	First Name LOUIS	Middle Name or Initial F.	
Residence & Citizenship	City San Francisco	State/Foreign Country California	Country of Citizenship U.S.A.	
Post Office Address	Post Office Address 900 Darien Way	City San Francisco	State/Country California	Zip Code 94127
Full Name of Inventor 5	Last Name	First Name	Middle Name or Initial	
Residence & Citizenship	City	State/Foreign Country	Country of Citizenship	
Post Office Address	Post Office Address	City	State/Country	Zip Code
Full Name of Inventor 6	Last Name	First Name	Middle Name or Initial	
Residence & Citizenship	City	State/Foreign Country	Country of Citizenship	
Post Office Address	Post Office Address	City	State/Country	Zip Code

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1  Douglas O. Clary	Signature of Inventor 2  Gisela Weskamp	Signature of Inventor 3  LeeAnn R. Austin
Date:	Date: 01/24/94	Date:
Signature of Inventor 4  Louis F. Reichardt	Signature of Inventor 5	Signature of Inventor 6
Date:	Date:	Date:

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Post Office Address	Post Office Address 900 Darien Way	City San Francisco	State/Country California	Zip Code 94127
Full Name of Inventor 5	Last Name	First Name	Middle Name or Initial	
Residence & Citizenship	City	State/Foreign Country	Country of Citizenship	
Post Office Address	Post Office Address	City	State/Country	Zip Code
Full Name of Inventor 6	Last Name	First Name	Middle Name or Initial	
Residence & Citizenship	City	State/Foreign Country	Country of Citizenship	
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Signature of Inventor 1  Douglas O. Clary	Signature of Inventor 2  Gisela Weskamp	Signature of Inventor 3  LeeAnn R. Austin
Date:  10/25/94	Date:	Date: 10/28/94
Signature of Inventor 4  Louis F. Reichardt	Signature of Inventor 5	Signature of Inventor 6
Date: 11-1-94	Date:	Date:

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			Yes <u>    </u> No <u>    </u>

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Full Name of Inventor 1	Last Name CLARY	First Name DOUGLAS	Middle Name or Initial O.
Residence & Citizenship	City San Francisco	State/Foreign Country California	Country of Citizenship U.S.A.
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Post Office Address	Post Office Address 402 E. 64th Street, Apt. 6B	City New York	State/Country New York
Full Name of Inventor 3	Last Name AUSTIN	First Name LEEANN	Middle Name or Initial R.
Residence & Citizenship	City San Francisco	State/Foreign Country California	Country of Citizenship U.S.A.

EXPRESS MAIL NO. EV334001476US

**REVOCATION OF POWER OF  
ATTORNEY/POWER OF  
ATTORNEY OR  
AUTHORIZATION OF AGENT**

Address to:  
Mail Stop  
Commissioner for Patents

Attorney Docket	UCAL-305CON3
First Named Inventor	CLARY, DOUGLAS O.
Application Number	09/770,949
Filing Date	January 26, 2001
Group Art Unit	1647
Examiner Name	GUCKER, STEPHEN
Title:	"ANTIBODIES THAT MIMIC ACTIONS OF NEUROTROPHINS"

**I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application and hereby appoint Practitioners at:**



24353

PLACE CUSTOMER  
NUMBER BARCODE  
LABEL HERE

whose address is: Bozicevic, Field & Francis LLP, 200 Middlefield Road, Suite 200, Menlo Park, CA 94025 as its attorney(s) or agent(s) to prosecute the application identified above, to prepare and file amendments, to inspect and make copies thereof and of any papers in any appellate or *inter partes* proceedings in which the Application may be or become involved, and generally to conduct all business in the United States Patent and Trademark Office relating to the prosecution of the application or any application that claims priority from this application.



**Please change the correspondence address for the above-identified application to the above-mentioned customer number.**

**STATEMENT UNDER 37 CFR § 3.73(b)**

In accordance with 37 CFR § 3.73(b) I hereby certify that I am empowered to act on behalf of the Assignee of the above-identified patent application. The Assignment was recorded with the U.S. Patent Office on May 6, 1994 at Reel 6979, Frames 0406 to The Regents of the University of California.

I declare that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code § 1001 and that such willful false statements may jeopardize the validity of the above referenced application or any patent resulting from that application.

I am the:

\_\_\_ Applicant; or  
☒ Assignee of record of the entire interest  
 \_\_\_ Attorney of record

**COPY**

**SIGNATURE of Applicant, Assignee or Attorney of Record**

Name	Linda S. Stevenson, Patent Prosecution Manager
Signature	<i>Linda S. Stevenson</i>
Date	<i>August 18, 2003</i>